



Veterans Walk for Health Study

ACTICAL WEARING LOG

Visit (circle one): 1 5 6

Enrollment ID ____ _ _ _ _ 1 .

Please complete this log each day that you wear the Actical device. We need seven full days of data each time you are asked to wear this device.

If you have been asked to keep track of your step counts or time walking each day you must also continue to do this on your calendar page.

Be sure to circle AM or PM for each time that you enter.

A sample of how to complete this log is included below.

Sample

Sample Day

E.1) Date 06 / 16 / 2005
(month) (day) (year)

E.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

E.3) Time of day that I put the monitor **ON** was 06:30 AM or PM

E.4) Time of day that I took the monitor **OFF** was 10:13 AM or PM

E.5) Were there any times that you were awake that you did not wear the monitor? Yes No

E.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
<u>11:50</u> <u>AM</u> PM	<u>12:30</u> <u>AM</u> PM	<u>MR I</u>	<u>none</u>
<u>5:30</u> <u>AM</u> PM	<u>6:00</u> <u>AM</u> PM	<u>bath</u>	<u>bathing</u>
AM PM	AM PM		

Day #1

1.1) Date ____ / ____ / ____
(month) (day) (year)

1.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

1.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

1.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

1.5) Were there any times that you were awake that you did not wear the monitor? Yes No

1.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		

Day #2

2.1) Date ____ / ____ / ____
(month) (day) (year)

2.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

2.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

2.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

2.5) Were there any times that you were awake that you did not wear the monitor? Yes No

2.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		

Day #3

3.1) Date ____ / ____ / ____
(month) (day) (year)

3.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

3.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

3.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

3.5) Were there any times that you were awake that you did not wear the monitor? Yes No

3.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		

Day #4

4.1) Date ____ / ____ / ____
(month) (day) (year)

4.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

4.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

4.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

4.5) Were there any times that you were awake that you did not wear the monitor? Yes No

4.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		

Day #5

5.1) Date ____ / ____ / ____
(month) (day) (year)

5.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

5.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

5.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

5.5) Were there any times that you were awake that you did not wear the monitor? Yes No

5.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		

Day #6

6.1) Date ____ / ____ / ____
(month) (day) (year)

6.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

6.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

6.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

6.5) Were there any times that you were awake that you did not wear the monitor? Yes No

6.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		

Day #7

7.1) Date ____ / ____ / ____
(month) (day) (year)

7.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

7.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

7.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

7.5) Were there any times that you were awake that you did not wear the monitor? Yes No

7.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		

Day #8

8.1) Date ____ / ____ / ____
(month) (day) (year)

8.2) Day of Week (circle one): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

8.3) Time of day that I put the monitor **ON** was ____: ____ AM or PM

8.4) Time of day that I took the monitor **OFF** was ____: ____ AM or PM

8.5) Were there any times that you were awake that you did not wear the monitor? Yes No

8.6) If yes, please give the details for each of these times in the table below

Time that monitor was taken off	Time that monitor was put back on	Reason that the monitor was taken off	Activities during period not wearing the monitor
AM PM	AM PM		
AM PM	AM PM		
AM PM	AM PM		